U.S. Department of Labor

Office of Administrative Law Judges John W. McCormack Post Office and Courthouse Room 505 Boston, MA 02109



(617) 223-9355 (617) 223-4254 (FAX)

Caption	and OALJ No.:								
PRETRIAL STATEMENT of: Director, OWCP									
				mstances	you con	tend gave	rise to this claim, and		
its dat	e; the	date disability	commenced				; the date claimant becan	me	
	laim is for: co	n is for: compensation;		medical benefits;			penalties (under §)		
Do yo		his claim.	Yes		No				
(b)	At the time of the alleged Claimant and Employer.	injury, an emp	oloyer-employe Yes	e relations	ship exis No	ted betwee	en		
(c)	Claimant has suffered an	injury or disea	se. Yes	Yes		No			
(d)	The alleged injury or disease arose out of an in the course of claimant's employment. Yes No								
(e)	The claim was timely	noticed;	untimely notice	mely noticed;		filed;	untimely filed.		
(f)	Claimant is/was entitled t		-	Yes Yes		No; No			
(g)	Employer/Carrier is curre	ently providing	•		Yes Yes		No No		
(h)	Claimant has reached ma	ximum medica	l improvement.		No	Yes, or	n		
(i)	Claimant has outstanding No; Yes to:						S S		
	State yits data aware This c Do yo (a) (b) (c) (d) (f) (g)	State your intentions as to the place its date; the aware disability was work related. This claim is for:	State your intentions as to the place of injury its date; the date disability aware disability was work related This claim is for: compensation; other Do you contend or concede that: (a) The LHWCA applies to this claim. (b) At the time of the alleged injury, an empendament and Employer. (c) Claimant has suffered an injury or disease (d) The alleged injury or disease arose out or medical forms of the compensation of the compensation.	TRIAL STATEMENT of: Director, OWCP Briefly summarize, below or on attached sheet, the facts or circuld describe the nature of the claimed injury or disease. State your intentions as to the place of injury	Briefly summarize, below or on attached sheet, the facts or circumstances describe the nature of the claimed injury or disease. State your intentions as to the place of injury	State your intentions as to the place of injury	Briefly summarize, below or on attached sheet, the facts or circumstances you contend gave describe the nature of the claimed injury or disease. State your intentions as to the place of injury	Briefly summarize, below or on attached sheet, the facts or circumstances you contend gave rise to this claim, and describe the nature of the claimed injury or disease. State your intentions as to the place of injury	

5.	Are nature and extent of disability disputed?		Yes	No		
6.	Is Claimant now working?		Yes	in his usual emplo	oyment started on	
				in alternate emplo	oyment started on	
7.	You contend or concede that claimant is now his regular pre-injury work without loss of			alternative work;	no work.	
8.	You contend or concede that the alleged injur	ry or diseas	se is	unscheduled;		
	is a scheduled injury which caus	sed a	% loss/	oss of use of		
	the injury caused disability which	ch was/is:				
	permanent total	al from			to	
	temporary total				_ to	
	permanent par				_ to	
	temporary par	tial from			_ to	
9.	You contend or concede that Claimant's aver	age weekl	v wage v	when injured was \$		
<i>,</i>	under §10 subsection, and that hi					based
	on his current earnings; labor marke			other facts		
10. 11.	Is Special Fund relief sought? No; If Yes, is the Director conceding entitlen no pre-existing disability; disability in Set forth below or on separate page(s) other or	not manife	st to em	oloyer; contributi	enying entitlement on on requirement not me	et
	responsible employer; §33(g); collateral estop	ppel; credit	ts; etc.),	and succinctly brief a	any novel legal questio	ns.
12.	Witnesses you intend to have testify at the he	earing.				
13.	Estimated total trial time:	_days _		hours		
DATE:	/s/					
· · ·						
				Counsel For		

Printed Name